



North Carolina Department of Health and Human Services  
Division of Aging and Adult Services

2405 Mail Service Center • Raleigh, North Carolina 27699-2405  
Courier 56-20-25 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director  
(919) 733-3983

August 23, 2004

**Dear County Director of Social Services, Area Mental Health Director, Local Health  
Department Director and County Department on Aging Director**

**ATTENTION: Adult Services Staff**

**Subject: Basic Guardianship Training**

The NC Division of Aging and Adult Services is pleased to offer basic guardianship training, **Guardianship: A Systematic Approach**, in three sites across the state during FY 2004-2005. These two-day workshops are led by an attorney, a clerk of superior court, and Division of Aging and Adult Services staff. The workshops are designed for directors and assistant directors of county departments of social services, area mental health authorities, local health departments, and county departments on aging who serve as disinterested public agent guardians. Program managers, supervisors, social workers, case managers, and others who provide guardianship services will also find these workshops beneficial.

The focus of these workshops is consistent with North Carolina General Statute 35A and Department of Health and Human Services (DHHS) policy requirements that all disinterested public agents receive training on the powers and responsibilities of a guardian. Information on guardianship law, DHHS policy requirements and practice guidelines related to guardianship service provision will be presented. An agenda for the workshops is attached.

The dates and locations for the workshops are listed below. Each workshop will begin at 9:00 AM and will end at 4:30 PM on both days. Check-in will be at 8:30 AM.

**Workshop Dates and Locations**

**October 7 – 8, 2004**

Wayne Community College  
3000 Wayne Memorial Drive  
Goldsboro, NC

**February 10 – 11, 2005**

Alamance County DSS  
319 N. Graham-Hopedale Road  
Burlington, NC

**April 14 – 15, 2005**

Mountain Area Resource Center  
81 Elmwood Way  
Waynesville, NC

Dear Director  
RE: Basic Guardianship Training  
August 23, 2004  
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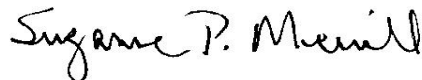
**Participants must pre-register to attend these workshops, although there is no registration fee requirement. Registration information is attached.** There is no limitation on the number of agency staff who may attend a workshop or on the workshop location they may attend. Please duplicate the enclosed registration information as necessary if more than one person from your agency plans to attend a workshop.

**Registration forms must be returned at least two weeks in advance of the workshops.** It is important that all information on the registration form be completed. Substitutions may be sent for staff who have registered for a particular workshop and are unable to attend. Persons who register for the workshops will be sent a confirmation letter and directions to the workshop site. Suggestions about lodging accommodations will be provided prior to the workshops, when this information is available.

Please share this information with the appropriate staff and mark these dates on your calendars. If you have questions or need additional information about the content of the workshops, please contact Rosalyn Pettyford, Guardianship Program Consultant at (919) 733-3818 or for county departments of social services, your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Office Assistant, at the number referenced above.

To **insure registration** at a selected location, send your registration as soon as possible. A completed registration form may be **mailed or faxed** to Ms. Nealous at the NC Division of Aging and Adult Services, 325 North Salisbury Street, 2405 MSC, Raleigh, North Carolina 27699-2405. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswtrain.org/>.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive style with a large, stylized 'S' and 'M'.

Suzanne P. Merrill, Chief  
Adult Services Section

SPM/rp

Attachment

AFS-10-2004

# **GUARDIANSHIP: A Systematic Approach**

## **AGENDA**

### **DAY ONE**

<b>8:30 AM</b>	<b>Check-In</b>
<b>9:00</b>	<b>Welcome/Introductions</b>
<b>9:15</b>	<b>Introduction to Guardianship</b>
<b>10:00</b>	<b>Alternatives to Guardianship</b>
<b>10:30</b>	<b>BREAK</b>
<b>10:45</b>	<b>Guardianship Services</b>
<b>12:00</b>	<b>LUNCH (On Your Own)</b>
<b>1:30</b>	<b>Legal Proceedings</b>
<b>2:45</b>	<b>BREAK</b>
<b>3:00</b>	<b>Legal Proceedings</b>
<b>4:30 PM</b>	<b>ADJOURN</b>

### **DAY TWO**

<b>8:30 AM</b>	<b>Check-In</b>
<b>9:00</b>	<b>Legal Proceedings</b>
<b>10:45</b>	<b>BREAK</b>
<b>11:00</b>	<b>Legal Proceedings (Skills Practice)</b>
<b>12:00</b>	<b>LUNCH (On Your Own)</b>
<b>1:30</b>	<b>Role &amp; Responsibilities of the Public Agent Guardian</b>
<b>2:45</b>	<b>BREAK</b>
<b>3:00</b>	<b>Role &amp; Responsibilities</b>
<b>4:00</b>	<b>Wrap Up</b>
<b>4:30 PM</b>	<b>ADJOURN</b>

## Adult Services, NC Division of Aging and Adult Services Registration Form

**Have you attended the prerequisites for this training event?**

(For prerequisite information please refer to the training description)

☐ Yes ☐ No

☐ Not Applicable for this Training

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

If you have ever registered for a training under a different name, what is that name? \_\_\_\_\_

"Goes By" Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(SSN requested for internal record keeping purposes only)

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):  
☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):

( ) \_\_\_\_\_

Work Phone & Extension (please include area code):

( ) \_\_\_\_\_

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State Courier #: \_\_\_\_\_ County: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_ Supervisor's Phone (please include area code): ( ) \_\_\_\_\_

### Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

### Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

### Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box  
(Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

### Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

### Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

### Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

### Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: \_\_\_\_\_

Date(s) of Training Event: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

If you are replacing a registered co-worker, what is his/her name: \_\_\_\_\_

If you are making up a missed training day, which day are you making up? \_\_\_\_\_